

L17000060801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

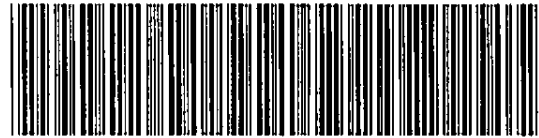
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/17--01036--010 **25.00

FILED
17 AUG 21 AM 11:49
TALLAHASSEE, FLORIDA

AUG 22 2017

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plowden LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor Plowden

Name of Person

Plowden LLC

Firm/Company

131 Park Ln

Address

Winter Haven, FL 33884

City/State and Zip Code

Tplowden51@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Plowden

Name of Person

863 581-7065
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Plowden LLC

Moonwalks L1-C

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 AUG 2017
11:49 AM
MISSISSAUGA, ONTARIO
STATION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Attached is a letter of consent for Plowden LLC to take the name of Moonwalks-r-us of Polk County LLC.

All information under Plowden LLC will remain the same to include, but not limited to; registered agents,

addresses, tax ID number, phone numbers and email addresses.

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E. Effective date, if other than the date of filing: _____ **(optional)**

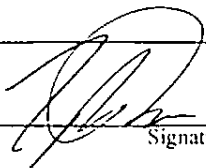
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____



8/16/17
Signature of a member or authorized representative of a member

Taylor Plowden

Typed or printed name of signee